

FORM LM-30

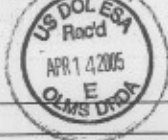
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2040</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Clyde F. Mauck</u> P.O. Box, Bldg., Room No., if any Street <u>6805 Oak Creek Drive,</u> City <u>Columbus,</u> State <u>Ohio</u> ZIP Code + 4 <u>43229-1591</u>	4. Name, file number, and address of labor organization. Name <u>Ohio Association of Public School Employers</u> Labor Organization File Number <u>513-868</u> P.O. Box, Building and Room Number, if any Street <u>6805 Oak Creek Drive,</u> City <u>Columbus,</u> State <u>Ohio</u> ZIP Code + 4 <u>43229-1591</u>
5. Position in labor organization. <u>Regional Director</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Clyde F. Mauck

On

4-3-05
Date

800-730-3623

Telephone Number

<p>Name <u>Buckley King</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>one Columbus</u></p> <p>Street <u>10 West Broad St. Suite 1300</u></p> <p>City <u>Columbus, OH</u></p> <p>State <u>Ohio</u> ZIP Code + 4 <u>43215-3419</u></p>	<p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 10px; margin: 5px 0;"> <p>Cleveland Browns I.E. Tickets To A Cleveland Browns Football Game X 2 (Includes spouse)</p> </div> <p>11.b. Approximate dollar value of such dealing. <u>\$150.00</u></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; margin: 5px 0;"></div> <p>12.b. Amount.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>